

## **WAITING LIST REGISTRATION FORM for 2024-2025**

This form is to register your child for the waiting list for either Year 1,2,3,4,5 or 6

There are currently no places available in any of those year groups.

Surname:						
Forename(s):						
Date of birth:	1	1	Gender:	Male	Female	(please circle)
Current School	•	•				(p.o
		Parent or	r Guardian de	etails		
Surname:						
Forename(s):						
Title (Mr/Mrs/Ms/Dr etc.):						

Postcode:

Guardian

Child's details

Contact Telephone Number:

This will be used to acknowledge

Email address:

receipt of form.

Relationship to Child: (please tick appropriate box)

Mother

<sup>\*</sup>Please supply a photocopy of a utility bill as proof of residence

<sup>\*</sup>Please supply a photocopy of your child's birth certificate or passport.

Siblings at Liverpool College								
Please give the name(s) of any sibling(s)** who will be pupils at Liverpool College on the date of admission.								
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** Siblings include natural brothers or sisters, half bro								
adopted brothers or sisters who are living with the sa	ime family at the same at	<b>aaress</b> on the date of						
admission. Proof may be requested.								
••								
About your child								
Is the child a Looked After Child in the care								
of the Local Authority or been previously 'looked	Yes	No						
after' and has now been adopted by you (or become	(Please provide evidence)	INO						
subject to a residence order or special guardianship order)?	(							
Does your child have an EHCP (Education Health								
Care Plan) which names Liverpool College?	Yes	No						
	(Please provide evidence)							
Are you employed by Liverpool College and have been	employed continuously by	the College for 2 years						
or more at the time of making this application?	r employed continuously by	the College for 2 years						
L Yes L No								
Declaration								
I declare the information on this form to be true and correct and agree that it can be subject to verification.								
, i								
Signed (Parent/Guardian)								
Print Name								
Date:								
PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE OR PASSPORT & A UTILITY BILL AS PROOF OF RESIDENCE.								
The form can be handed in or posted to: <b>ADMISSION</b>		OUEENS DRIVE						
The form can be handed in or posted to: His mission	, LITEIN COL COLLEGE,	COLLING DILLING						

LIVERPOOL, L18 8BG PLEASE DO NOT EMAIL THE FORM

We will acknowledge receipt of this form by email. If you don't receive an acknowledgement within two weeks of sending your form please get in touch 0151 724 4000 ext 3228

THE WAITING LIST WILL ONLY BE HELD FOR THE ACADEMIC YEAR 2024-2025. IT WILL NOT BE CARRIED OVER TO 2025-2026